



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
STATE FIRE MARSHAL'S OFFICE  
CODES ENFORCEMENT SECTION**  
Davy Crockett Tower, Third Floor  
500 James Robertson Parkway  
Nashville, Tennessee 37243-1162  
Phone (615) 741-7190  
Fax (615) 253-3267  
<http://www.state.tn.us/commerce/sfm/modindex.html>

**APPLICATION FOR APPROVAL OF THIRD PARTY DESIGN REVIEW AGENCY FOR  
MODULAR BUILDING UNITS  
INSTRUCTIONS**

No person shall act as a Design Review Agency (DRA) in the State of Tennessee without first having obtained a valid letter of approval from the Department.

**Important!! Please Read and Follow Instructions!!**

All items on the form **MUST** be completed prior to mailing application. If an item does not apply, simply put **N/A** or **None** in that space. Any blank spaces will result in a delay in processing.

This form **MUST** be processed as prescribed above. Any deviation from the process **WILL** result in a delay in processing.

If you have any questions regarding this procedure, feel free to call this office at (615) 741-7190.



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**APPLICATION FOR APPROVAL OF THIRD PARTY DESIGN REVIEW AGENCY FOR**  
**MODULAR BUILDING UNITS**

(Pursuant to Tennessee Code Annotated, Title 68, Chapter 126, Part 3)

**DIRECTIONS:** This application must be fully completed and accompanied by the appropriate fees. Please make check or money order payable to:

**The State of Tennessee, Department of Commerce and Insurance**

Any false statement or material misrepresentation on this application shall be cause for denial, suspension, or revocation of license.

☐ \$500.00 Non-refundable Application Fee

1. Name of Firm: \_\_\_\_\_

2. Office Location: \_\_\_\_\_  
 (Street or P. O. Box)

\_\_\_\_\_  
 (City) (State) (Zip Code) (County)

3. Telephone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_  
 (Street or P. O. Box)

\_\_\_\_\_  
 (City) (State) (Zip Code) (County)

5. Doing Business as: ☐ Individual ☐ Partnership (LLC) ☐ Corporation / Incorporation

6. If Individually Owned: \_\_\_\_\_  
 (Print or Type Full Name of Owner)

**(ATTACH ADDITIONAL SHEETS, IF NECESSARY FOR THE FOLLOWING ITEMS)**

7. If Partnership (LLC): \_\_\_\_\_  
(Print or Type Full Names of Partners)

\_\_\_\_\_  
(Print or Type Full Names of Partners)

8. If Corporation / Incorporation: \_\_\_\_\_  
(Print or Type Full Names of Each Officer) (Title)

\_\_\_\_\_  
(Print or Type Full Names of Each Officer) (Title)

\_\_\_\_\_  
(Print or Type Full Names of Each Officer) (Title)

9. Describe your qualifications, to review plans, specifications, and building systems of Modular Building Units and/or Components for compliance with the standards: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. List the education and qualifications of the employees who will conduct the actual reviews of plans, specifications, and building systems of Modular Building Units and/or Components for compliance with the standards: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List the Management and Professional Personnel, (including an Architect or Engineer duly registered in the State of Tennessee) responsible for compliance with the provisions of the Modular Building Act and all Rules promulgated thereunder: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Describe your experience in "Third Party" design review: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Describe your Firm's Organizational Structure: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Describe the relationship which you would establish with Approved Construction Inspection Agencies to ensure that Modular Building Units and/or Components are produced in accordance with the standards: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. List all other Modular Licenses, Registrations or Approvals currently held in other State Programs:

_____	_____
(State)	(Description)
_____	_____
(State)	(Description)

16. Has your firm ever been involved in any disciplinary proceedings affecting your Licenses, Registrations or Approvals in any other State Modular Building Program?

☐ Yes                      ☐ No

If yes, provide complete details: \_\_\_\_\_  
 \_\_\_\_\_

17. Certifications by Applicant:

I/We certify that I/We will not approve any plans, specifications, building systems, compliance assurance manuals, etc., regarding Modular Building Units for the State of Tennessee, which do not comply with all of the requirements of **Tennessee Code Annotated, Title 68, Chapter 126, Part 3, (Modular Building Act) and Chapter 0780-2-13 (Modular Building Units) of the Rules and Regulations of the State of Tennessee.**

I/We further certify that no person(s) affiliated with this firm, in any capacity, is employed by a Manufacturer of Modular Building Units or owns any interest in any such manufacturing business.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Notes:** a. All information must be completed before a Letter of Approval can be processed and issued.  
 b. All Approvals shall expire on June 30<sup>th</sup> of each year.  
 c. The Department of Commerce and Insurance shall be notified **in writing** of any change in the information furnished on this application **within thirty (30)** days of such change.

All items **MUST** be completed prior to mailing application. If an item does not apply, simply put **N/A** or **None** in that space. Any blank spaces will result in a delay in processing.